Surara
Pakidai

/62 cont./ the father
844 of the child later hangs it on the tip of a pupunha palm
[824] (Guilielma speciosa Mart.), which is connected with fertility
[842] magic; he buries the afterbirth in the planting. Two confine-
ments which I was able to observe were very easy and quick.
[142] On the lower part of the children's back I could see in each case
the grayish-black spots of pigment, the so-called Mongolian spots.

844 Immediately after birth, the mother with her baby took a
846 bath at the nearby riverbank and then lay down in her hammock
for one or two hours. After that, with the baby on her arm, she
already went back to her customary occupation.

845 If a complication arises during confinement, the chief, who
[622] is at the same time the witch doctor, is fetched.
[756] In contrast to most other Indian tribes, twins are reared.
845 If there should be triplets, which so far has never occurred, one
847 child would have to be killed, for, as they said, the mother has
only two breasts. Deformed children are killed and thrown into
the river.

852 There are no birth ceremonies, for up to its third year of
851 life the child belongs to the flesh and blood of its mother and
553 is not given a name before this.

854 d) Infancy and early childhood

The infant or young child is not left alone for a moment. When the mother attends to her housework or gathers fruits and berries in the forest, she carries it in a carrying band of tree bast on her left hip, so that she has the right hand free for her work.
• 853 Even at night it sleeps with her in the hammock. The breast is constantly at its disposal, so that it never /63/ thinks of sucking its finger. This may perhaps also explain why these Indians have such a perfect set of teeth. As soon as the teeth start coming in, the child is given tough meat to chew on, in order to facilitate teething. At the same time the long period of nursing, along with abundant sunshine, prevents rickets. After 3-4 months the baby is given supplementary food in the form of cooked, green mealy bananas (Musa paradisiaca normalis), which are prechewed by the mother, or a porridge made out of manioc flat-cakes.

CHAPTER II

THE DEMOGRAPHIC BASIS OF WARFARE, POLITICAL ALLIANCE, AND SETTLEMENT DYNAMICS[1]

A. The Shortage of Women and Feuding

As outlined in the Introduction, the shortage of women among the Yąnomamö has far-reaching consequences in almost every aspect of their social organization. In this chapter I will establish the general functional relationship between this demographic fact and the dynamics of village feuding, village splitting, and village re-location. These phenomena will be discussed in more detail in later chapters, particularly with reference to the kinship system.

The Yąnomamö practice male and female infanticide. There are a number of reasons accounting for this practice. First, young couples do not relish the prospect of a long period of celibacy that pregnancy and lactation taboos impose on them. From the time a woman discovers she is pregnant until the time she weans her child, she is not allowed to have sexual relations. The time period involved varies from

[TEXT CONTINUED ON PAGE 55]

[1] The data discussed in this and subsequent chapters are drawn from the 5 villages, listed in Table 1, in which I spent most of my time. The historical and genealogical relationships of these villages are given later in the text. My generalizations on Yąnomamö culture and social organization are applicable to those groups occupying the Upper Orinoco and the Mavaca River basis. (See Map B, next page.)

two to three years, as women nurse their children until they are at least two years old. Faced with this prospect, young couples may decide to kill their child, irrespective of its sex.[1]

Infanticide is effected by a number of techniques. Most commonly, a woman strangles her child with a vine as soon as it is delivered. In other cases the child is allowed to suffocate if it does not begin breathing spontaneously. If the child begins to breathe, the mother may simply abandon it where it is born, or throw it into the jungle. A case of attempted infanticide came to my attention by way of the New Tribes Mission. A woman in one of the villages on the Padamo River threw a new-born daughter into the jungle. The missionary living with the woman's village found the baby and took it into his own home. The woman had either struck the child on the head with an instrument, or the child had hit something when the mother threw it into the jungle, as there was a severe bruise on the side of the baby's face.[2]

In another instance, a husband forced his wife to kill a child because he was certain that he did not sire the

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[1] Occasionally the woman will arrange to have an abortion when the foetus is in an advanced state of development. The most common practice consists of rupturing the amnion by trauma: a pregnant woman will lie on her back and have someone, usually a female friend or kinswoman, jump on her abdomen. More rarely, she will have her husband rupture the amnion by squeezing her around the abdomen by an arm lock.

[2] The missionary ultimately adopted the infant and brought her to England when he left Venezuela.

SHAMANS The nature of the relationship between man and spirit is largely one of hostility. The shamans, by and large, spend most of their time casting charms on enemies and enjoining their own personal demons to prevent harm from befalling the local people. Magic and curing are intimately bound up in shamanism, the practitioner devoting his efforts alternatively to causing and curing sickness.

The demons that the shamans contact are *bekura*, very tiny humanoid beings that dwell on rocks and mountains. Particularly successful shamans can control these demons to such an extent that the *bekura* will come and live inside the chest of the shaman. Each shaman solicits the aid of numerous *bekura* and attempts to lure them into his body.

Men who want to become shamans (*shabori*) go through a simple rite of fasting and chastity. They sit before their houses, use only a few trails, eat very little, and spend most of their time in a contemplative stupor brought about by hunger and drugs. After several days of this, the initiate has entered the world of the *shabori*, and can practice his skill. Each village has as many *shabori* as there are men who wish to enter this status: probably half of the men in each village are shamans.

Rerebawä told me that he was going to become a *shabori*, as he enjoyed taking the drugs and making contact with the spirit world. He decided to do this because his wife is still nursing their youngest child so that he cannot have sexual relationships with her anyway; the obligatory chastity associated with becoming a shaman will not be as difficult now as it would be when his wife weans the child. No *bekura* will dwell in the chest of a novice *shabori* who continues to have sexual relationships. After the practitioner has captured the *bekura* and they become acquainted with him, they will stay in his chest after he resumes his sexual activities.

Contact with the *bekura* is achieved by taking drugs. Particularly adept *shabori* can contact their *bekura* with only a pinch of drug, which they inhale directly from their fingers. Most of them, however, take a large dose of the drug by means of the hollow blowing tube. The *shabori* then prances back and forth in front of his house and chants to the demons he attempts to control, enjoining them to descend on enemies and cause them sickness (see Fig. 2-9). If he is curing someone, he chants before the house of the patient, rubs him, massages him, and draws the evil spirit causing the sickness to some extremity, such as an arm or leg. Then he sucks or pulls the spirit out and carries it away from the sick person, either vomiting it out or throwing it away, depending on how he extracted it originally. The Yąnomamö do not employ medicines made from plants or animals. Consequently, they rely exclusively on the cures that the *shabori* effect, fighting supernatural ills with supernatural medicine.

One of the surprises of my field experience was that I had to spend a great deal of time curing the sick, and my medicines were always in demand. The sick people, however, always took their illnesses to the *shabori* after I had treated them—one cannot be too careful.

CONCLUSION In summary, the Yąnomamö have effected an adaptation to their three environments. This is not to say that other means and techniques could not do the job equally well; but the peculiar combination of technology, social organization, and cosmology found among the Yąnomamö distinguishes them as a group from all other tribes. Although their technology is primitive, it permits them to exploit their jungle habitat sufficiently well to provide them with the wherewithal of physical comfort. The nature of their economy—slash-and-burn agriculture—coupled with the fact that they

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TABLE 3–3
SEX-RATIO DATA ON SELECTED VILLAGES

	Males	Females	Totals
Upper Bisaasi-teri	37	48	85
Lower Bisaasi-teri	25	26	51
Monou-teri	34	32	66
Reyabobŏwei-teri	52	46	98
Mŏmaribŏwei-teri	50	46	96
Patanowã-teri	122	90	212
Aikam-teri and Roko-teri	129	103	232
	449	391	840

Table 3–3 gives sex-ratio data on seven groups of Yąnomamö. The first three villages are not truly representative of the population in general, but are included because they have been frequently discussed in the text.

They are not representative because some 15 men from these villages were killed in a single treacherous feast in 1950, a significant fraction of the adult male population. These feasts are not very frequent. The three groups are allied to each other and have been extremely successful at coercing two neighboring Shamatari villages out of women; a surprisingly high proportion of their women come from these allies. As we shall see, they have been successful because of the geographical and historical relationships that characterize the alliance network in this area.

DEMOGRAPHIC BASIS As is apparent, there are more males in the Yąnomamö population than females. This demographic fact results from the practice of selectively killing female babies: *female infanticide*. The Yąnomamö also practice male infanticide, but because of the preference to have a male as their first child, they unknowingly kill more females than males. The Yąnomamö have only three numbers: one, two, and more-than-two. They are, accordingly, poor statisticians. They are quite unaware of the fact that they do kill more female babies, and every time I questioned them about it, they insisted that they killed both kinds—"more-than-two" of both kinds.

A child is killed at birth, irrespective of its sex, if the mother already has a nursing baby. They rationalize the practice by asserting that the new infant would probably die anyway, since its older sibling would drink most of the milk. They are most reluctant to jeopardize the health and safety of a nursing child by weaning it before it is three years old or so, preferring to kill the competitor instead. Kąobawã's wife, Bahimi, killed a newborn male shortly after I began my fieldwork. She later told me, quite tearfully, that it would have taken milk away from Ariwari, Kąobawã's favorite child. Ariwari at the time was over two years old, but Bahimi refused to wean him. Sometimes a child is killed simply because the mother doesn't feel that she can care for it properly and that it would be an inconvenience to have to tend a baby. I once saw a plump, well-fed, young mother eating a large quantity of food that would have been suitable to give to an older infant. Her emaciated, filthy, and nearly starved child—about two years old—kept reaching out for the food. The mother explained that the baby had gotten a bad case of diarrhea some time ago and had stopped eating. As a consequence, her milk dried up. She refused to attempt to feed it other foods because "it did not know how to eat other foods." When

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When I insisted that she share her food with the child, he ate it ravenously. In short, she was letting the baby die slowly of starvation. I have similar accounts from missionaries who have also witnessed cases such as this.

Male babies are preferred because they will grow up to be warriors and hunters. Most men make known their wishes to have a son—even to the point of insinuating that the wife ought to deliver a male or suffer the consequences. This is always done in a subtle way, usually by displaying signs of anger or resentment at the thought of having a daughter that constantly eats without being potentially an economic asset or guardian of the village. Many women will kill a female baby just to avoid disappointing their husbands. The Yanomamö also practice abortion in a very crude but effective way. The pregnant woman will lie on her back and have a friend jump on her belly to rupture the amnion. Sometimes abortions are effected because the woman does not want to kill the baby after it is born. In other cases a man will order his wife to abort if he suspects that somebody else conceived the child.

Several techniques are used to kill a newborn child. The most common method is to strangle it with a vine so as not to touch it physically. Another common method is to place a stick across the child's neck and stand on both ends of it until it chokes. In some cases the child is not given the stimulus to breathe and is simply abandoned. Finally, some women throw the child against a tree or on the ground and just abandon it without checking to see if it was killed by the injuries sustained. One of the New Tribes Missionaries discovered a female baby in 1964 that had been discarded in this fashion and brought her home with him. The baby's face was badly bruised on one side, but she survived. The missionary subsequently adopted her legally and is raising her in England.

The demographic result of the Yanomamö infanticide practices is that there is a shortage of females.[13] This shortage of females, however slight, assumes greater proportions for a number of culturally determined reasons. That is, the shortage of women is even greater than statistics alone imply because of the practice of polygyny and because of taboos relating to sexual intercourse.

The village of Patanowä-teri, for example, has 122 males and only 90 females (see Table 3-3). But many (about 25 percent) of the politically important men in the village have two or more wives. Hence, many men have no wives. Polygyny, therefore, increases the women shortage because the available women are distributed unequally.

In addition to this, the Yanomamö have taboos against intercourse when a woman is pregnant or is nursing a child. The taboo is by no means followed to the strict letter, since children are nursed for three years or more—some men sheepishly admit having coitus with a lactating wife. Rerebawä, whose youngest child is about a year old, told me that he recently tried to persuade his wife to make love. He added: "She told me to go take some drugs and chant to my forest spirits; she is still 'stingy' with her vagina." Hence there is considerable concern within the village over the acquisition and possession of

[13]The frequency of female infanticide must be considerably higher than the statistics in Table 3-3 imply, since warfare results in the death of more men than women. This shows up in the age and sex distribution: There are more males in the younger age categories than females because of the infanticide preferences. As the males get older, however, they are more liable to death in warfare, resulting in a fairly even distribution of males and females in the thirty- to forty-year age interval. Finally, there are more old women than old men, also reflecting the higher male mortality due to warfare. I have published more substantial data on Yanomamö demography in Neel and Chagnon, 1968.